

FEBRUARY VACATION ACTIVITY PROGRAM REGISTRATION FORM

Registration accepted in-person (cash, check or Visa/MC accepted), by mail,
or online with Visa/MC at www.darienct.gov/parkrec

Make checks payable to: TOWN OF DARIEN & return to DYC, 2 Renshaw Rd., Darien 06820
CANCELLATION FEES: \$15.00 up to one week prior to start date; 25% within one week of start date;
no refunds will be issued after Monday, 2/19/07

Please select one: P&R Morning Program (9:00 a.m.—12:30 p.m.) — \$150 _____
YC Afternoon Program (1:00 p.m.—4:00 p.m.) — \$100 _____
Full Day Program (9:00 a.m.—4:00 p.m.) — \$230 _____

CHILD'S NAME: _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE _____

DOB: _____ GRADE/SCHOOL _____ GENDER _____

MOTHER'S NAME & WORK # _____

FATHER'S NAME & WORK # _____

Emergency Contact (name & phone #) _____

DOES YOUR CHILD HAVE ANY HEALTH PROBLEMS AND/OR ALLERGIES? IF SO, DETAIL

IS YOUR CHILD CURRENTLY TAKING MEDICATION? IF SO, WHAT? (Note: Parents are expected to administer medicine)

I give permission for _____ to participate in the YC/P&R's Vacation Activity Program. I, as parent/guardian, have medical insurance coverage and certify that the applicant is in good physical condition. If the child should become ill or injured during the program, I give permission for a representative to obtain medical care and treatment from Post 53 and taken to _____ Hospital.

Physician's name & phone # _____

In the event that we're unable to obtain consent and/or that reasonable attempts to contact a parent or guardian (or any other emergency contact) have been unsuccessful, I hereby consent for any medical treatment necessary to be administered by a licensed physician or dentist.

I (we) agree to hold the Town of Darien and any persons connected therewith harmless from any and all claims for bodily injury and property damage arising from the Youth Commission and/or Park & Recreation's February Vacation Activity Program.

SIGNATURE OF PARENT/GUARDIAN _____ DATE: _____

FOR OFFICE USE ONLY: Fee _____ Check # _____ Cash _____ Visa _____ MC _____ Staff _____ Date _____